



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>16 <sup>Y</sup>2013 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2013

13031133266

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> 0000		00.00
(b) Cash on Hand at Beginning of Reporting Period.....	00.00	
(c) Total Receipts (from Line 19).....	00.00	00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	00.00	00.00
7. Total Disbursements (from Line 31).....	00.00	00.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	00.00	00.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



**DETAILED SUMMARY PAGE**  
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	, , 0000	, , 00.00
(ii) Non-Federal Share.....	, , 00.00	, , 0000
(b) Other Federal Operating Expenditures .....	, , 00.00	, , 00.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	, , 00.00	, , 00.00
22. Transfers to Affiliated/Other Party Committees.....	, , 00.00	, , 00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	, , 00.00	, , 00.00
24. Independent Expenditures (use Schedule E) .....	, , 00.00	, , 00.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	, , 00.00	, , 00.00
26. Loan Repayments Made.....	, , 00.00	, , 00.00
27. Loans Made.....	, , 00.00	, , 00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	, , 00.00	, , 00.00
(b) Political Party Committees .....	, , 00.00	, , 00.00
(c) Other Political Committees (such as PACs).....	, , 00.00	, , 00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	, , 00.00	, , 00.00
29. Other Disbursements .....	, , 00.00	, , 00.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	, , 00.00	, , 00.00
(ii) "Levin" Share.....	, , 00.00	, , 00.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	, , 00.00	, , 00.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	, , 00.00	, , 00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	, , 00.00	, , 00.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	, , 00.00	, , 00.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, , 00.00	, , 00.00
34. Total Contribution Refunds (from Line 28(d)) .....	, , 00.00	, , 00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, , 00.00	, , 00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, , 00.00	, , 00.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	, , 00.00	, , 00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, , 00.00	, , 00.00

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		, , .
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		, , .
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		, , .
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	, ,	00.00
TOTAL This Period (last page this line number only).....▶	, ,	00.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period  
, , "

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period  
, , "

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period  
, , "

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , **00.00**

**TOTAL** This Period (last page this line number only)..... ▶ , , **00.00**

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**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
Mailing Address	<input type="checkbox"/> Primary	<input type="checkbox"/> General
City State ZIP Code	<input type="checkbox"/> Other (specify) ▼	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	, , 00.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	, , 00.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031133272

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>00528661</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____, _____, _____	Interest Rate (APR) _____%
Mailing Address		Date Incurred or Established M M / D D / Y Y Y Y	
City	State	Zip Code	Date Due M M / D D / Y Y Y Y
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred M M / D D / Y Y Y Y	
B. If line of credit, Amount of this Draw: _____, _____, _____		Total Outstanding Balance: _____, _____, _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____, _____, _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____, _____, _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____ M M / D D / Y Y Y Y		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	
Title			

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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional)..... ▶	, ,	00.00
2) TOTALS This Period (last page this line number only)..... ▶	, ,	00.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	, ,	00.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	, ,	00.00

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00528661</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount  Date of Disbursement or Obligation M M / D D / Y Y Y Y
City State Zip Code	
Purpose of Expenditure Category/Type	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount  Date of Disbursement or Obligation M M / D D / Y Y Y Y
City State Zip Code	
Purpose of Expenditure Category/Type	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Bridget Murray*  
Signature

Date 10 / 10 / 2013

13031133275



**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **OR**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %  
Nonfederal ..... %

This ratio applies to (check all that apply):

Administrative                  Generic Voter Drive                  Public Communications Referencing Party Only

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**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
URBAN PROGRESS POLITICAL ACTION COMMITTEE

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .      %	NONFEDERAL % .      %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .      %	NONFEDERAL % .      %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .      %	NONFEDERAL % .      %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .      %	NONFEDERAL % .      %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .      %	NONFEDERAL % .      %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .      %	NONFEDERAL % .      %

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y . Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....	, , .
ii) Generic Voter Drive .....	, , .
iii) Exempt Activities.....	, , .
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	, , .
b) _____	, , .
c) Total Amount Transferred For Direct Fundraising .....	, , .
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	, , .
b) _____	, , .
c) Total Amount Transferred For Direct Candidate Support.....	, , .
vi) Public Communications Referring Only to Party (Made by PAC) .....	, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	, , 00.00
TOTAL This Period (Generic Voter Drive) .....	, , 00.00
TOTAL This Period (Exempt Activities) .....	, , 00.00
TOTAL This Period (Direct Fundraising) .....	, , 00.00
TOTAL This Period (Direct Candidate Support) .....	, , 00.00
TOTAL This Period (Public Communications Referring Only to Party) .....	, , 00.00
TOTAL This Period (Total Amount Transferred).....	, , 00.00

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**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (in Full)  
URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	, , .
Activity or Event Identifier:			M M / D D / Y Y Y Y
		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
		TOTAL AMOUNT	
		, , .	

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	, , .
Activity or Event Identifier:			M M / D D / Y Y Y Y
		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
		TOTAL AMOUNT	
		, , .	

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	, , .
Activity or Event Identifier:			M M / D D / Y Y Y Y
		Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	=
		TOTAL AMOUNT	
		, , .	

<b>SUBTOTAL of Allocated Federal and NonFederal Activity This Page</b>			
FEDERAL SHARE	+	NONFEDERAL SHARE	=
		TOTAL AMOUNT	
		, , .	
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))</b>			
FEDERAL SHARE	+	NONFEDERAL SHARE	=
		TOTAL AMOUNT	
		, , .	

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0000

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

		VOTER REGISTRATION
i) Voter Registration		
Total Amount Transferred for Voter Registration.....		,
		VOTER ID
ii) Voter ID		
Total Amount Transferred for Voter ID.....		,
		GOTV
iii) GOTV		
Total Amount Transferred for GOTV.....		,
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		
Total Amount Transferred for Generic Campaign Activity.....		,

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

		VOTER REGISTRATION
i) Voter Registration		
Total Amount Transferred for Voter Registration.....		,
		VOTER ID
ii) Voter ID		
Total Amount Transferred for Voter ID.....		,
		GOTV
iii) GOTV		
Total Amount Transferred for GOTV.....		,
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity		
Total Amount Transferred for Generic Campaign Activity.....		,

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....		,	00.00
TOTAL This Period (Voter ID).....		,	00.00
TOTAL This Period (GOTV).....		,	00.00
TOTAL This Period (Generic Campaign Activity).....		,	00.00
TOTAL This Period (Total Amount of Transfers Received).....		,	00.00

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**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
			0000
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
			0000
<b>TOTAL This Period for the Levin Share</b>			

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**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	00.00	00.00
(b) Unitemized .....	00.00	00.00
(c) Total .....	00.00	00.00
2. OTHER RECEIPTS .....	00.00	00.00
3. TOTAL RECEIPTS .....	00.00	00.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	00.00	00.00
(b) Voter ID .....	00.00	00.00
(c) GOTV .....	00.00	00.00
(d) Generic Campaign .....	00.00	00.00
(e) Total .....	00.00	00.00
5. OTHER DISBURSEMENTS .....	00.00	00.00
6. TOTAL DISBURSEMENTS .....	00.00	00.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	00.00	00.00
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	00.00	00.00
(from Line 3)		
9. SUBTOTAL .....	00.00	00.00
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	00.00	00.00
(From Line 6)		
11. ENDING CASH ON HAND .....	00.00	00.00
(Subtract Line 10 From Line 9)		

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**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  1a  2  
(check only one)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

<b>A.</b>	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	
<b>B.</b>	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	
<b>C.</b>	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	
<b>D.</b>	Date of Receipt M M / D D / Y Y Y Y
Mailing Address	Amount of Each Receipt this Period  Aggregate Year-to-Date
City State Zip Code	
Name of Employer or Principal Place of Business	
Occupation	

SUBTOTAL of Receipts This Page (optional).....▶	, , 00.00
TOTAL This Period (last page this line number only).....▶	, , 00.00

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**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)  
**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

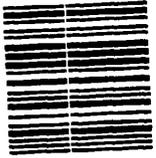
<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	, , .
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	, , .
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	, , .
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	, , .
<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement M M / D D / Y Y Y Y
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	, , .
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶		, , 00.00
<b>TOTAL</b> This Period (last page this line number only).....▶		, , 00.00

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**Form 3x**

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 PREPARER

10/24/13  
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